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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/747,196
	Filing Date	12/22/2000
	First Named Inventor	Donald E. Weder
	Group Art Unit	3643
	Examiner Name	J. Gellner
Total Number of Pages in This Submission	Attorney Docket Number	8403.303

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See Remarks Below
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks 1. Transmittal (1 page); 2. Fee Transmittal, including deposit account withdrawal authorization of \$400.00 (1 page); 3. Extension of Time (1 page); 4. Amendment (15 pages); and 5. Return Receipt Postcard	

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Dunlap, Coddling & Rogers, P.C., 9400 North Broadway, Suite 420, Oklahoma City, OK 73114 Nicholas D. Rouse, Reg. No. 36,992
Signature	
Date	2/28/02

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ ) 400

DUNLAP & CODDING, P.C.	
Compleat if Kn wn	
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Filing Date	12/22/2000
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																											
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 04-1700 Deposit Account Name: Dunlap, Coddling & Rogers, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>																																																																																																																											
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Nicholas D. Rouse	Registration No. (Attorney/Agent)	36,992
Signature		Telephone	(405) 478-5344
		Date	2/28/02

Commissioner for Patents  
2900 Crystal Drive  
SEND TO: Arlington, VA 22202-3513